

In re Application of:

30 ROCKEFELLER PLAZA 44TH FLOOR NEW YORK, NEW YORK 10112-4498 212.705.5000 FAX 212.705.5020

BAKU DALLAS HOUSTON LONDON MOSCOW **NEW YORK** WASHINGTON

**AUSTIN** 

Amdt. Trans. **PATENT** 

Our File No.: A31967 PCT USA-A

Date: April 17, 2000

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No.	:	09/150,947	Examiner: Lee, L.
Filed		Sentember 18 1007	Group Art Unit: 16

For **BROAD SPECTRUM PYROGENIC EXOTOXINS ANTAGONISTS** AND VACCINES

**Assistant Commissioner for Patents** Washington, DC 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

Raymond Kaempfer et al.

1. [X] Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted. 2. [] A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed. No additional fee is required. 3. [X] CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on April 17, 2000.

Attorney Name	Alicia A. Russo	Registration No. 46,192
Signature	ua a. Pusso	Date of Signature April 17, 2000

The fee has been calculated as shown below:

	Claims remaining after amendt.	Highest No. Prev. Paid for		Present extra		SMALL ENT	<u>ITY</u>		_	THER THA	
	(Col. 1)	(Col. 2)		(Col. 3)	<u>RAT</u>	<u>E</u>	<u>FEE</u>	<u>or</u>	<u>RA</u>	<u>ГЕ</u>	<u>FEE</u>
Total	*	Minus **	=	0	x	9 =	\$0	<u>or</u>	x	18 =	\$0
Ind.	*	Minus ***	=	0	x	39 =	\$0	<u>or</u>	x	78 =	\$0
() Firs	t Presentation of	Multiple Dependent C	Claim		+	130 =		<u>or</u>	+	260 =	
			TOTAL AD	DITIONAL FEE		=	\$0	<u>or</u>	TO	ΓAL =	\$0

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest No. prev. paid for" in this space is less than 20, write "20" in this space.
- \*\*\* If the "Highest No. prev. paid for" in this space is less than 3, write "3" in this space.
  - 4.(a)[] An Extension of Time to respond to the PTO communication dated is hereby requested. The required fee, indicated below, is enclosed herewith.

Extension for response (check only one):

	SMA	ALL ENTITY	OTHER THAN A SMALL ENTITY		
Within first month Within second month Within third month	[] []	\$ 55 190 435	() ()	\$ 110 380 870	
Within fourth month	[]	680	[]	1,360	

(check and complete the next item, if applicable)

[] An extension for months has already been secured and the fee paid therefor of \$ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$.

or

- (b)[X] In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
- 5. [] Please charge our Deposit Account No. 02-4377 in the amount of \$. Two copies of this sheet are enclosed.
- 6. [] A check in the amount of \$ is attached.

7. [X] The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR 1.16 and/or 37 CFR 1.17 associated with this communication or credit any overpayment to Deposit Account No. 02-4377. Two copies of this sheet are enclosed.

BAKER BOTTS L.L.P.

Ву	College C. Kusso	
	Alicia A. Russo	

PTO Registration No. 46,192

Enclosures